

INSTRUCTIONS:

Improper or incomplete Travel Vouchers may be returned and require resubmission.

It is especially important to assure the account coding structure is accurate and that the travel voucher is properly authorized.

The payee address cannot be an FIA location.

- 1A Enter last name, middle initial. Thirty characters are allowed for Payee name.
- 1B Enter the address where a warrant is to be sent. Employees must enter home or other business address ONLY (not an FIA location).
WARRANTS MUST BE SENT TO THE PAYEE'S ADDRESS ON THE MAIN VENDOR FILE. Check box if address is new.
- 1C Enter city name in full unless a commonly used abbreviation such as N.Y. for New York, etc., is recognized.
- 1D Enter the two-digit abbreviation only. DO NOT USE full state name.
- 1E Enter either 5 or 9 digit zip code.
- 2 Enter Index Code (RAS) after 431, EXCEPT for Residential Cares and Institutions which have been assigned special Dept. No.
- 3 Initials of person that checks the voucher.
- 4 Enter page number of document(s). Use FIA SUPPLEMENTAL CODING RECORD (FIA-4745) if needed.
- 5 Enter payee's full 9 digit Social Security Number.
- 6 Enter preparer's phone number.
- 7 FROM: Enter begin travel month and date. TO: Enter end travel month and date.
- 8 Check appropriate box.
- 9 Enter official work address, including City and County.
- 10 Enter "X" in TEMPORARY box if travel advance was received for this travel period. Enter "X" in NONE box if there was no advance receive.
- 11 Enter amount of advance received for this travel period.
- 12 DO NOT USE - MESSAGE IS PREPRINTED.
- 13 Enter nature of business travel for this period.
- 14 Enter date of travel.
- 15 The description may be the departure and return to the local office of the department, the size of volunteer activity/event, or the client's home. When a client's home, indicate client's last name, address and case number. Indicate the nature of business requiring travel and specify departure and destination, include city of call.

NOTE: A more detailed seven digit commodity code will be required later.

- 16 Enter time of departure and return for each call or series of calls made each day to substantiate meal, lodging and any day care charges. If some calls are in-county and some out-county and meal is requested, time actually Out of County MUST be given. If claiming PREMIUM MILEAGE, state on voucher "No State Care Available." If using a state car, include vehicle number on voucher.
- 17-19 Enter MILEAGE* for the use of privately owned cars on state business. Enter the number of map miles traveled (MI Dept. of Transportation map or Rand McNally for out-of-state) rounding to the nearest whole mile. Vicinity mileage in connection with the trip is allowable when shown as a separate item on the voucher. Multiply total miles by applicable reimbursement rate and enter in dollar amount column.

*Refer to departmental guidelines or procedures of guidance in the use of the standard and premium mileage rates.

- 20 Enter the actual lodging cost but not to exceed the current room rate. Receipts for lodging expenses are required when reimbursement is requested on an actual basis.
- 21-22 Enter total for meal(s) per day. Receipts required for group meals.
Non-taxable indicate those meals you paid when your trip included overnight lodging.
Taxable indicate those meals you paid for when you did not include overnight lodging.
- 23 Itemize and identify dollar amounts of the other expenses, e.g., bus fare. Receipts for registration, child care, and parking expenses, etc., except meter parking, are required by the Standardized Travel Regulations. (Meter parking costs will be identified by entering M.P.).
- 24 Enter the total, per day, of columns 19, 20, 21, 22 and 23.

NOTE: Within the block containing columns 14 thru 24, employees, when charging the premium mileage rate, must indicate one of the authorized circumstances for such charge as listed in Item 812 of the Administrative Handbook.

- 25 Enter totals of Columns 17, 18, 19, 20, 21, 22, 23, 24.
- 26 Enter total of Column 24.
- 27 Payee, sign and date. - ORIGINAL SIGNATURE IS REQUIRED
- 28 Original Signature of the individual authorizing payment. Signature stamps are not acceptable.
Print or type the individual's name below the signature. Enter date the voucher was signed.

CODING INSTRUCTIONS: Assure that the Index Code, Program Cost Account, Agency Object are proper. All coding must pass an edit.
Incompatible coding will error out.

- 29 Enter appropriate method for distribution of charges.
- 31 Enter current appropriation year.
- 32 Enter the Index Code (RAS) to which the expenditure should be charged. This MUST be compatible with the PCA #.
- 33 Enter the Program Cost Account to which the expenditures should be charged. Use a Supplemental Coding record, if more than 6 lines are used. ALL coding if more than 6 lines, must be on the Supplemental Coding record.
- 34 Enter the Agency Object Code to identify the type of travel expenses incurred.
- 35 Enter the appropriate index PCA combination to record the proper appropriation number program code number combination.
- 36 Enter the amount charged to each account structure.
- 37 Enter the total amount paid, the sum of all lines of entry in box 36.

AUTHORITY: 42 CFR; and Public Act 280 of 1939, as amended.
RESPONSE: Voluntary.
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.